

ELECTRONIC ROSTER SUBMITTAL AUTHORIZATION APPLICATION Form Code: PSS_SR Fee Code: 146 Fee - \$500.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Application Fees are Non-Refundable	COMMONWEALTH OF VIRGINIA <i>Department of Criminal Justice Services</i> Private Security Services Section P.O. Box 10110, Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS
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1. Legal Entity Name: _____
2. Trade or Fictitious Name: _____
3. DCJS ID# 88-_____ Federal Employer ID Number: _____
4. Mailing Address: _____

Number and Street
City/Town
State
Zip
5. Physical Address: _____

(if different than Mailing) Number and Street
City/Town
State
Zip
6. Telephone: Business: _____ Fax: _____
7. May the Department provide information via an e-mail address? ☐ Yes ☐ No
8. E-Mail Address: _____ Name: _____
9. Training Administration (Will be provided access for electronic roster submittal)
 - Training Director: _____ SSN: _____
 - Assistant Director: _____ SSN: _____
 - Assistant Director: _____ SSN: _____
 - Assistant Director: _____ SSN: _____
 - Assistant Director: _____ SSN: _____

NOTE: This application must be submitted concurrently with the Training School Certification application. Please ensure that the training director and assistant training directors (maximum of 4) listed on this form are accurate, as they will be the only individuals with access to submit rosters electronically. It is therefore critical that DCJS be notified immediately of any changes of training directors and assistants.

Training Director Signature: _____ Date: _____
mm/dd/yy